

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10672755

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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11						
12						
13	/	/				
14	/	/				
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43	/	/				
44		/				
45	/	/				
46		/				
47		/				
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	27					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL DEP.						
TOTAL CLAIMS						